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*2123*  
*\$ 57*  
PATENT

Attorney Docket No. MIT-075CN2  
(5473/79)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Massie et al.

SERIAL NO.: 10/022,114 GROUP NO.: 2123

FILING DATE: November 16, 2001 EXAMINER: Not assigned

TITLE: Force Reflecting Haptic Interface

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this day 11th of July, 2002.

*Mina Pisa*  
Mina Pisa

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Check in the amount of \$1,440.00;
4. Petition for Extension of Time (1 pg.);
5. Response to Notice to File Corrected Application Papers (2 pgs.);
6. a return receipt postcard



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## TRANSMITTAL FORM

Application Serial No.:	10/022,114
Filing Date:	November 16, 2001
First Named Inventor	Massie
Group Art Unit	2123
Examiner Name	Not Yet Assigned
Attorney Docket No.	MIT-075C2

### ENCLOSURES (check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)                                      | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences          |
| <input checked="" type="checkbox"/> Check Attached   | <input type="checkbox"/> Formal Drawing(s)   | <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) |
| <input type="checkbox"/> Copy of Fee Transmittal Form  | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Amendment/Response   | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  | <input checked="" type="checkbox"/> Return Receipt Postcard   |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8          |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application                 | <input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> )                   |
| <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Small Entity Statement  |   |
| <input checked="" type="checkbox"/> Extension of Time Request                                    | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Information Disclosure Statement PTO-1449                               | <input type="checkbox"/> After Allowance Communication to Group  |   |
| <input type="checkbox"/> Copy of IDS Citation  |  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                  |  |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application                        |  |   |

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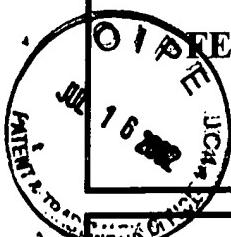
### CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

### SIGNATURE BLOCK

Respectfully submitted,

John V. Forcier  
Attorney for Applicants  
Testa, Hurwitz & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



**FEES TRANSMITTAL  
FY 2002**

Complete if Known	
Application Serial Number	10/022,114
Filing Date	November 16, 2001
First Named Inventor	Massie
Group Art Unit	2123
Examiner Name	Not Yet Assigned
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**METHOD OF PAYMENT**

1.  Payment Enclosed:  
 Check  Money Order  Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.
3.  Applicant claims small entity status.

**FEE CALCULATION**

**1. FILING FEE**

**Large Entity**

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	1	- 20 = 0	x \$ 18.00 =	0.00
Independent Claims	1	- 3 = 0	x \$ 84.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	
<b>TOTAL:</b> <b>SMALL ENTITY DISCOUNT:</b>				
<b>SUBTOTAL (1) (\$)</b>				

**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	SUBTOTAL (3) (\$)
Total	-	=	x \$ 18.00 =		
Indep.	-	=	x \$ 84.00 =		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =		
<b>TOTAL:</b> <b>SMALL ENTITY DISCOUNT:</b>					<b>SUBTOTAL (1) (\$)</b>
<b>SUBTOTAL (2) (\$)</b>					<b>SUBTOTAL (2) (\$)</b>
<b>SUBTOTAL (3) (\$)</b>					<b>SUBTOTAL (3) (\$)</b>
<b>TOTAL (\$)</b>					<b>TOTAL (\$)</b>

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*[Signature]*  
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